



Washington State
Department of Social
& Health Services

학교 전술서
STATEMENT FROM SCHOOL

CSO/WORKER NAME / CSO/담당자의 성명	TELEPHONE NUMBER / 전화번호
CLIENT IDENTIFICATION NUMBER / 신청인의 ID 번호	DATE / 날짜

SECTION 1: FILL OUT THIS SECTION BEFORE TAKING IT TO THE SCHOOL.

제 1 항: 이 서류를 학교로 가져가기 전에 먼저 본 항을 작성하십시오.

By signing here, I give my permission to the school to complete this form for the Department of Social and Health Services (DSHS). (학교당국에서 보건사회부(DSHS)용으로 본 서류를 작성해도 됨을 아래 본인의 서명으로 인가합니다.)

YOUR NAME / 성명	YOUR SIGNATURE / 서명	DATE / 날짜
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NAME OF SCHOOL / 학교명

SCHOOL ADDRESS / 학교 주소	STREET ADDRESS / 주소	CITY / 시	STATE / 주	ZIP CODE / 우편번호
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SECTION 2: THE PERSON IN THE SCHOOL'S OFFICE WHO IS IN CHARGE OF ATTENDANCE FILLS OUT THIS SECTION.

제 2 항: 본 항은 학교당국의 출결 담당 직원이 작성하여 주십시오.

A. COMPLETE THE FOLLOWING FOR EACH CHILD FROM THIS FAMILY ATTENDING YOUR SCHOOL.

CHILD'S NAME	BIRTHDATE	IS THE CHILD ATTENDING SCHOOL:	IS THE CHILD IN SPECIAL EDUCATION CLASSES?	IS THE CHILD MAKING SATISFACTORY PROGRESS IN SCHOOL?	IF THE CHILD IS 16 OR OLDER, WHEN IS S/HE EXPECTED TO GRADUATE?
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B. WHAT IS THE HOME ADDRESS THAT YOU HAVE ON FILE FOR THE CHILDREN?

C. COMPLETE THE FOLLOWING FOR THE PEOPLE YOU ARE SUPPOSED TO CONTACT IN CASE OF EMERGENCY.

NAME	RELATIONSHIP TO CHILD	ADDRESS (INCLUDE CITY AND ZIP CODE)	TELEPHONE NUMBER

D. PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE WE NEED TO CONTACT YOU.

SIGNATURE	YOUR NAME (PLEASE PRINT CLEARLY)	TODAY'S DATE
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER